					ation or Number	Filing O		i disp	To be Mailed	
APPLICAT	TON AS FILED				.∺ .				ОТН	ER THAN
·	(Column		(Column 2)			ENTITY		OR	SMA	LL ENTITY
FOR	NUMBER F	LED .	NUMBER EXTRA		RATE (\$)	FEE	(\$)	• •	RATE (\$)	FEE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A		. N/A		N/A				N/A	
SEARCH FEE (37, CFR 1.16(k), (1), or (m))	. NA	•	N/A	7	N/A			•	, N/A	:
EXAMINATION FEE (37 CFR 1.16(0), (p), or (q))	N/A		N/A		'N/A				N/A	
OTAL CLAIMS 7 CFR 1.16(i))	SKI	6 minus 20 =		۱ ا	X \$25 =		-	OR	X \$50=	
DEPENDENT CLAIMS 7 CFR 1.16(h))	5/	ninus 3 =		٦	X \$100=				X \$200 =	<u> </u>
If the specification and 100 sheets of paper, the fee due is \$250 (\$125 for each additional 50 sthereof. See 35 U.S.C. 37 CFR 1.16(s).		tion and draper, the a 0 (\$125 for onal 50 she 5 U.S.C. 41	application size small entity) eets or fraction	e					. * ******	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(1))]	+ \$180				+\$360	
f the difference in column 1 is less than zero, enter "0" in column 2.					TOTAL			•	TOTAL	
CLAII REMAIL AFTE AMENDI Total (57 crk	ING P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE (5)	ADDITIO FEE (RATE (\$)	ADDITIONAL FEE (5)
Total or crk	Minus -	SEX][X \$25 =)R	X \$50=	
				7 .				_		
thdependent (17 CFR 1.16(h))	Minus	X	= (+	1 1	X \$100=		. (R	X \$200= /	
independent (a7 GFR 1.16(h))	7 CFR 1,16(s))	<u> </u>		11	X \$100=			DR	X \$200= /	
thdependent (17 CFR 1.16(h))	7 CFR 1,16(s))	ENT CLAIM (37			X \$100 = TOTAL ADD'L FEE			OR OR	X \$200= /	
hidependent (17 CFR 1.16(h)) Application Size Fee (3) FIRST PRESENTATION O	7 CFR 1,16(s)) F MULTIPLE DEPENDE	ENT CLAIM (37			TOTAL ADD'L)R	TOTAL ADDI	
hidependent (17 CFR 1.16(h)) Application Size Fee (3) FIRST PRESENTATION O	7 CFR 1,16(s)) F MULTIPLE DEPENDE 111) IS ING		(Column 3)	TT	TOTAL ADD'L	ADDITION FEE (\$)	AL C	PR	TOTAL ADDI	ADDITIONAL FEE (\$)
Independent (17 CFR 1.16h)) Application Size Fee (3 FIRST PRESENTATION O (Column CLAIM REMAIN AFTE AMENDM Total (27 CFR 1.16(t))	7 CFR 1,18(s)) FMULTIPLE DEPENDE 11 1) IS ING R IENT.	(Column 2) HIGHEST NUMBER REVIOUSLY	(Column 3)	П	TOTAL ADD'L FEE	ADDITION FEE (\$)	AL C	DR DR	TOTAL ADDI FEE	
thdependent (37 GFR 1.86h)) Application Size Fee (3 FIRST PRESENTATION O (Column CLAIN REMAIN AFTE AMENON Total gr GFR	7 CFR 1,18(s)) FMULTIPLE DEPENDE 1 1) (IS ING R IENT F	(Column 2) HIGHEST NUMBER REVIOUSLY	(Column 3) PRESENT EXTRA		TOTAL ADD'L FEE RATE (\$)	ADDITION FEE (\$)	LAL.	PR R	TOTAL/ ADD1/ FEE / RATE (\$)	ADDITIONAL FEE (\$)
Independent (37 CFR 1.16(h)) Application Size Fee (3) FIRST PRESENTATION O (Column CLAIM REMAIN AFTE AMENDM Total (37 CFR 1.16(h)) Independent (37 CFR 1.16(h)) Application Size Fee (3)	7 CFR 1,18(s)) FMULTIPLE DEPENDE 11 1) (ISING RELENT PENDE Minus ** CFR 1,18(s))	(Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		TOTAL ADD'L FEE RATE (\$) X \$25 =	ADDITION FEE (\$)	IAL O	DR DR	TOTAL/ ADDI/ FEE / RATE (\$)	
(Column FIRST PRESENTATION O CLAIM REMAIN AFTE AMENON Total profe 1,16(3) Independent (2) ER 1,18(9)	7 CFR 1,18(s)) FMULTIPLE DEPENDE 11 1) (ISING RELENT PENDE Minus ** CFR 1,18(s))	(Column 2) HIGHEST NUMBER REVIOUSLY PAID FOR	(Column 3) PRESENT EXTRA		TOTAL ADD'L FEE RATE (\$) X \$25 =	ADDITION FEE (\$)	IAL O	PR R R R	TOTAL/ ADDI/ FEE / RATE (\$)	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.